NOTICE OF FILING/CLAIM FEE(S) DUE
TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER: _____

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	X	Fee	Fee =	Total
	Sm./Lg.				Sm. Entity	Lg. Entity	
Basic Filing Fee	201/101				_____	_____	760
Total Claims >20	203/103	29	-20 = 9	X	_____	18	162
Independent Claims >3	202/102	8	-3 = 5	X	_____	78	390
Mult. Dep Claim Present	204/104				_____	_____	260
Surcharge	205/105				_____	_____	130
English Translation	139						_____
							1702

TOTAL FEE CALCULATION

Fees due upon filing the application:

Total Filing Fees Due = $ _____ 1702 _____

Less Filing Fees Submitted   - $ _____

BALANCE DUE   = $ _____

_____
Office of Initial Patent Examination